FEC FORM 1

STATEMENT OF ORGANIZATION

F	FORM 1		O	RGANIZ	AHO	N							
	•			(See instruc	tions)					Office use	only		
1.	NAME OF COMMITTEE (i	n full)		(Check if name s changed)		nple: If typying, typ the lines	ре	12FE	4M5	1 1			
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2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
3.	3. FEC IDENTIFICATION NUMBER C C003673												
4.	IS THIS STATE	MENT	X NEW	(N) OR		AMENDED ((A)						
	tify that I have exame e or Print Name o		1.	o the best of my k		d belief it is true, co	rrect and	d complete	e				
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NOT	E: Submission of	false, errone				ne person signing th					S.C. §43	⁷ g.	
	Office Use Only					For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommissi 9530				C FOR		